

Amending an Approved Prior Authorization

When medically necessary, providers may submit an amendment to change or update a valid prior authorization (PA).

Reasons for Amending a Prior Authorization

Amend a PA when:

- There has been a change in the recipient's condition requiring a change in level of care or frequency of hours of care. Physician orders that reflect the change are required.
- A provider reduces the quantity of services because a second provider begins to share the case. Requests for additional services by another provider may be denied if the number of hours on the first PA is not reduced at the same time.
- The provider discharges the recipient before the PA expires.

Prior Authorization Amendment Procedure for Discharged Recipients

When the recipient is discharged, providers should send a PA amendment to terminate the PA. This will facilitate the recipient's continuation of care. The provider should amend the expiration date of the PA to show the actual date of discharge. Refer to Appendix 20 of this section for an example of a PA Amendment Request Form showing discharge from services.

Reasons for discharge may include:

- More volunteer assistance becomes available.
- The recipient no longer needs personal care services. In this situation, you should retain physician's orders which recommend discharging the recipient.
- Another provider takes over personal care services for the recipient.

- The provider terminates participation in the Wisconsin Medicaid program.
- The recipient is admitted into an institution for a long-term stay.
- The recipient expires.

How to Amend a Prior Authorization

Amendments to an approved PA must be submitted on a PA Amendment Request Form. Providers amending PA requests are required to:

- Complete an Amendment Request Form describing the specific change requested and the reason for the request in sufficient detail that Wisconsin Medicaid can determine the medical necessity of the requested services. Refer to Appendix 17 for instructions for completion of the PA Amendment Request Form, Appendix 18 for a PA Amendment Request Form which can be photocopied, and Appendix 19 for an example of a PA Amendment Request Form.
- Attach a copy of the original approved Prior Authorization Request Form (PA/RF) to be amended.
- Submit a Home Care Assessment Form (HCAF) Update Form and any required attachments documenting the changes to the HCAF.
- Attach a copy of the updated Plan of Care (POC) or physician's orders. If current orders continue to be compatible with the new request, new orders are not necessary.
- Attach clinical or other supporting documentation.
- Submit the completed amendment request with any necessary attachments to Wisconsin Medicaid. For maximum backdating, Wisconsin Medicaid must receive the amended request within 14

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calendar days of the date the amended services began.

Send amendment requests to:

EDS
Prior Authorization Unit
6406 Bridge Road, Suite 88
Madison, WI 53784-0088

If you have questions regarding the amendment process, call Provider Services at (800)-947-9627 or (608)-221-9883.

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